

Better Care Fund Quarterly Report – Q1 2016/17

APPENDIX 1

Clinical Commissioning Groups and Local Authorities are required to submit Quarterly Reports on Better Care Fund (BCF) performance.

The latest BCF Quarterly Report for Quarter 1 2016/17 (April - June 2016) will be submitted to NHS England on the 9th September 2016. Due to the timing of this submission, the report will be signed off on behalf of the Health and Wellbeing Board (HWB) under chair's action by Steve Stubbings and John Rivers.

Key points within the report:

BUDGET

BCF Funds have not yet been pooled via a s75 pooled budget.

NATIONAL CONDITIONS

Eight National Conditions are to be reported against:

- i. Plans to be jointly agreed
- ii. Maintain provision of social care services
- iii. 7 Day Services
- iv. Data Sharing
- v. Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional
- vi. Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans
- vii. Agreement to invest in NHS commissioned out of hospital services, which may include a wide range of services including social care
- viii. Agreement on a local target for Delayed Transfers of Care (DTOC) and develop a joint local action plan

We can confirm that all of the national conditions are in place, as per the final BCF plan, except the **Protection of Adult Social Care Services**, and **7 day services**:

- **Protection of Adult Social Care Services**

In 2015/16 the CCG was able to contribute to the Local Authority £3.513m which was the allocation for the NHS Support to Social Care i.e. the minimum contribution required. As well as this, the CCG gave an additional £3.1m (of which £2.1m is non-recurrent) as the Local Authority had a gap of £3.1m in the finance they were able to allocate to social care.

Despite the very difficult position of the CCG in 2016/17, set out in the case for change, the CCG has given the Local Authority £1m from its baseline funding and an estimated £711k slippage from 2015/16 has been identified in the BCF from both organisations. This therefore leaves a gap of £1.4m which needs to be addressed in order for the Council to remain within its allocated budget as agreed by members in February 2016. The CCG has also given £441k for the Care Act as required by NHS England.

At the Councils Executive meeting, members reinforced the Council could not spend more than its allocated budget and both organisations needed to work together to identify how the £1.4m gap will be resolved and risks managed (see BCF Plan Narrative, page 26, Risk).

7 day services

Good Progress has been made although some 7 day services are still in development. Services in place: 7 day a week reablement ; 7 day a week night sitting service in development; 7 day a week physio services; 7 day a week 'communications hub'; 7 day a week GP; 7 day a week Crisis Response service; District nurses; Wightcare; respite services; rehabilitation beds. While some of the necessary support services are in place 7 days a week, others are requiring further development in line with the implementation of 7 day services across health and social care. Further 7 day services will be in place by March 2017.

NON-ELECTIVE ADMISSIONS (NEAs)

The non-elective activity for general and acute (G & A) specialities specifically at the IOW Trust has been reducing from a peak in 2012/13. Contributing to this achievement has been the innovative initiatives and developments delivered locally in line with delivering the national strategies agenda. Through the BCF activity we aim to continue this trend and as such we are introducing a 1% stretch target to negate the population growth impact identified for 2016/17 and hold the current levels of activity. This represents the equivalent of preventing 120 admissions. There is no payment for performance fund associated with this target.

Non Elective Admission performance for Quarter 1 shows that we are 68 admissions and 2.3% above target (3.3% against stretch target).

INCOME & EXPENDITURE

- The BCF for 2016/17 is £31.332m, this is a 42% increase on 2015/16
- Financial Performance this Quarter, and for the year.

	Q1 2016/17	Annual Total
Plan	£7.833m	£31.332m
Forecast	£8.870m	£31.368m
Actual*	£8.449m	

Variance in schemes between Forecast and Actual figures for Q1 includes underspends of £68k in Mental Health Services, £177k in Rehabilitation & Reablement, £84k in Care Act & Infrastructure and £54K under Prevention. The annual forecast outturn is currently £36k over plan.

BCF METRICS

- Progress against Delayed Transfers of Care metric
 - On track for improved performance, but not to meet full target.
Q1 16-17 DTOC 1,211 days vs. target 1,139 (calculated for Q1 15-16) = 6% over target but:
1) Q1 not expected to improve (new joint Discharge Policy only introduced July 16) 2) monthly trend +ve from April to June (i.e. Acute/Comm vs Occupied Bed Days Cumulative basis down from 3.5% to 3.31%; MH 15.66% to 11.63%; overall 5.06% to 4.5%); expect mitigating factors to continue +ve impact.
- Progress against Permanent Admissions to Residential Care metric
 - On track to meet target. Transition to new recording systems (PARIS and ADAM) from April 2016. Quarter one performance is in line with projected levels and so on track to meet the target set. Close management of residential placements continues alongside review work addressing high cost existing placements where appropriate.
- Progress against Reablement metric
 - On track to meet target. IWC reablement services experienced capacity issues during 2015/16 which have been addressed with the introduction of additional teams to support reablement services in the community and to increase the number of people using reablement as part of the care and support needs. Whilst the measure is slightly under target this quarter it is expected that this will be addressed when teams are fully operational. At 94.2% the measure remains much higher than the national average of 82%.
- Progress against local metric - Occupational Therapy (OT) waiting times:
 - On track to meet target. Waiting list handed over to Council under section 75 information sharing agreement, Council leading on governance and management of Contractor to provide interventions to meet these clients needs.
Waiting time has reduced to within target levels.
- Progress against Adult Social Care Outcomes Framework (ASCOF) outcome 3A – Overall satisfaction of people who use services with their care and support –
 - On track to meet target. Outturn result for 2015/16 saw an increase to 73% - which shows excellent progress during a difficult and challenging period for social care. The annual survey result for 2016/17 will not be issued until Jan 2017 so actual results will not be available until end of 31 March 2017 at the earliest. .

NEW INTEGRATION METRICS

- **Integrated Digital Records** – NHS Number being used as primary identifier in all settings. The digital sharing of relevant service user information is in place via Open APIs some settings. A Digital Integrated Care Record Pilot is being scoped.
- **Personal Health Budgets** – We currently have 34 personal health budgets in place, of which 100% are in receipt of NHS Continuing Healthcare.
- **Use and prevalence of Multi-Disciplinary/Integrated Care Teams** - Integrated care teams (any team comprising both health and social care staff) are in place and operating in both the acute and non-acute setting throughout the Health and Wellbeing Board area.

NARRATIVE

The BCF as a pooled fund is part of our much bigger system-wide My Life A Full Life Programme, which is one of the Vanguards for the New Models of Care. The BCF is not being treated as a separate programme but is incorporated within the wider integration agenda. However, while the CCG and Council have agreed the areas and funding to be pooled, due to a gap in the social care budget the Section 75 has not yet been signed. The Council and CCG are meeting formally to determine how this can either be resolved or the impact on services. The next steps have been discussed with NHS England.

Improvements continue to be made on most of the supporting metrics, although the non-elective admissions target has not been achieved this quarter and DTOCs, although not achieving in Q1, are showing an improving performance and expected to achieve target in Q2.